

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10016127 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11		1				
12			1			
13				1		
14				1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			12			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.			1					
TOTAL DEP.			1					
TOTAL CLAIMS			12					